AF/3683

FORM PTO-1083



81868.0032

3683

Art Unit:

Examiner:

In re application of: Takayuki NARITA et al. Serial No: 09/931,651

Filed: August 15, 2001

BEARING MEMBER AND METHOD FOR

MANUFACTURING THE SAME AND DYNAMIC

PRESSURE BEARING DEVICE

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class

R. Siconolfi

mail in an envelope addressed to:

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450, on

July 2, 2003 Date of Deposit

Red: No. 41,232

07/02/03 Date

Transmitted herewith is an amendment in the above-identified application.

Small entity status has been claimed. See 37 CFR § 1.27.

A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	9	-	20	**	0	LG=\$18 SM=\$9	\$18	\$	0
INDEPENDENT CLAIMS FEE	2	-	3	***	0	LG=\$84 SM=\$42	\$84	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140								\$	0
						T	OTAL	\$	0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

A check in the amount of \$-0- to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

A check in the amount of \$ -0- to cover the extension fee is enclosed. A copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Date: July 2, 2003

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Facsimile: 213 337-6701

Respectfully submitted HOGAN &

By: Anthony J. Drie

> Registration No. 41,232 Attorney for Applicant(s)

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GROUP 3600

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.